County: Dane CITY VIEW NURSING HOME 3030 CITY VIEW DRIVE MADISON 53718 Phone: (608) 242-5020
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 50
Total Licensed Bed Capacity (12/31/00): 59
Number of Residents on 12/31/00: 49 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Partnershi p Skilled Yes Yes Average Daily Census: **54** 

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	46. 9 36. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	14. 3	More Than 4 Years	16. 3
Day Servi ces	No	Mental Illness (Org./Psy)	24. 5	65 - 74	18. 4		
Respite Care	No	Mental Illness (Other)	2. 0	75 - 84	34. 7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	2. 0	85 - 94	32. 7	****************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	2. 0	95 & 0ver	0.0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	2. 0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	14. 3		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	14. 3	65 & 0ver	85. 7	[	
Transportation	No	Cerebrovascul ar	18. 4			RNs	8. 1
Referral Service	No	Di abetes	2. 0	Sex	%	LPNs	10. 2
Other Services	Yes	Respi ratory	4. 1			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	14. 3	Male	36. 7	Aides & Orderlies	36. 5
Mentally Ill	No			Female	63. 3		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

	Medicare (Title 18)			(	Medicaid (Title 19)			Other Private		rivate	e Pay		Manage	d Care		Percent	
			Per Die	em	Per Diem			Per Diem			Per Diem		Per Diem Tota			Of All	
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	3	100.0	\$280.00	32 1	00.0	\$90.05	0	0. 0	\$0.00	11	100.0	\$128.00	3	100.0	\$90.05	49	100.0%
Intermediate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0.00</b>	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	i. 0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	3	100.0		<b>32</b> 1	00.0		0	0.0		11	100.0		3	100.0		49	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assi stance of Activities of % Totally Percent Admissions from: Number of Private Home/No Home Health 4.7 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Bathi ng 6. 1 83.7 10. 2 49 Other Nursing Homes 4.7 Dressi ng 14. 3 75. 5 10. 2 49 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 84.7 Transferri ng 32. 7 49 26. 5 40.8 26. 5 40.8 32.7 49 0.0 Toilet Use 49 0.0 8. 2 18. 4 \*\*\*\*\* Other Locations \*\*\*\*\*\*\*\*\*\*\* 5.9 Total Number of Admissions 85 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 8. 2 14.3 Private Home/No Home Health 32.1 Occ/Freq. Incontinent of Bladder 55. 1 0.0 Private Home/With Home Health 7.4 Occ/Freq. Incontinent of Bowel 32.7 0.0 Other Nursing Homes 6. 2 2.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 12.3 Mobility 0.0 Physically Restrained 20.4 0.0 42.9 0.0 Other Locations 8.6 Skin Care Other Resident Characteristics Deaths 33. 3 With Pressure Sores 6. 1 Have Advance Directives 63.3 Total Number of Discharges With Rashes 12. 2 Medi cati ons Receiving Psychoactive Drugs (Including Deaths) 18. 4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		4. 4. 4. 4. 4. 4. 4. 4.							
		Own	ershi p:	Bed	Si ze:	Li ce	ensure:		
	Thi s	Propri etary			99	Ski l		Al l	
	Facility		Group		Group		Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91. 5	82°. 5	1.11	87. 3	1. 05	<b>84</b> . 1	1. 09	<b>84</b> . 5	1.08
occupancy rate. Average Daily Census/Li censed beds									
Current Residents from In-County	87. 8	83. 3	1. 05	80. 3	1. 09	83. 5	1. 05	77. 5	1. 13
Admissions from In-County, Still Residing	24. 7	19. 9	1. 24	21. 1	1. 17	22. 9	1. 08	21. 5	1. 15
Admissions/Average Daily Census	157. 4	170. 1	0. 93	141.8	1. 11	134. 3	1. 17	124. 3	1. 27
Discharges/Average Daily Census	150. 0	170. 7	0. 88	143. 0	1.05	135. 6	1. 11	126. 1	1. 19
Discharges To Private Residence/Average Daily Census	59. 3	70. 8	0.84	<b>59. 4</b>	1.00	53. 6	1. 10	49. 9	1. 19
Residents Receiving Skilled Care	100	91. 2	1. 10	88. 3	1. 13	90. 1	1. 11	83. 3	1. 20
Residents Aged 65 and Older	85. 7	93. 7	0. 91	95. 8	0.89	92. 7	0. 92	87. 7	0. 98
Title 19 (Médicaid) Funded Residents	65. 3	62. 6	1. 04	57. 8	1. 13	63. 5	1.03	69. 0	0. 95
Private Pay Funded Residents	22. 4	24. 4	0. 92	33. 2	0. 68	27. 0	0.83	22. 6	0. 99
Developmentally Disabled Residents	0. 0	0. 8	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	26. 5	30. 6	0.87	32. 6	0.81	37. 3	0.71	33. 3	0.80
General Medical Service Residents	14. 3	19. 9	0. 72	19. 2	0.74	19. 2	0. 74	18. 4	0. 78
Impaired ADL (Mean)	46. 9	48. 6	0. 97	48. 3	0. 97	49. 7	0.94	49. 4	0. 95
Psychol ogi cal `Probl ems	18. 4	47. 2	0. 39	47. 4	0. 39	50. 7	0. 36	50. 1	0.37
Nursing Care Required (Mean)	9. 7	6. 2	1. 57	6. 1	1.60	6. 4	1. 50	7. 2	1.36